	ENTRY BLANK	5- U	//			
DO NOT DETACH	PLEASE TYPE OR PF	RINT	U			
	Ms. DMr. Artist Ros	SE M. SAYRE				
			(Last Name Last			
	Permanent 545 Address 545	ALMYRA	Joungston			
	0H, 44511	Daytime Tel.( ) 7	47-2601 extr 209			
	Temporary or Studio Address					
	Street		City			
	Daytime Tel. ( )					
	Zip	Area Code	- 1			
	If you do not presently live in one of the counties of the Western Reserve, in which county were you born?					
	Collaborator					
		(If Any)				
	If May Show entries	are not accepted or not	t sold:			

## **Special Instructions**

to this address:

Artist will pick up at Museum.

Museum should dispose of.

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

☐ Museum should ship to artist at artist's expense

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature Rose M. Sayre

DO NOT DETACH

DETACH

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Materials								
MIXED MEDIA - COLLAGE								
Title								
Ichabod's Folly								
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